

STATE OF ALASKA

DEPARTMENT OF HEALTH & SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF EPIDEMIOLOGY

3601 C STREET, SUITE 540
P.O. BOX 240249
ANCHORAGE, ALASKA 99524-0249

FRANK H. MURKOWSKI, GOVERNOR

INFECTIOUS DISEASES

AIDS/STD

TUBERCULOSIS

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INJURY CONTROL

(907) 269-8000

(907) 562-7802

Health Alert: Pertussis on the Kenai Peninsula

October 28, 2003

The State of Alaska, Department of Health and Social Services, Section of Epidemiology is currently investigating **an outbreak of pertussis in two unvaccinated communities on the Kenai Peninsula**. Since October 9, 2003, four laboratory-confirmed cases of pertussis have been identified in children. An investigation of 115 people in three Kenai Peninsula communities found 20 other people with a severe cough suggestive of pertussis and another 54 people with milder symptoms suspicious for pertussis. Laboratory results for these individuals are pending. The investigation is still ongoing. Due to the high number of unimmunized children in these communities, we expect more cases to occur.

Pertussis is most severe and can be deadly for those younger than six months of life. The best way to protect children is to maintain high pertussis vaccination rates in the community.

The Section of Epidemiology makes the following **recommendations**:

1. **For affected communities:** All school-aged children in the affected communities should receive post-exposure prophylaxis. The Section of Epidemiology has made an arrangement with a local pharmacy where patients can obtain medication for pertussis treatment or prophylaxis free of charge. All unvaccinated children less than age seven should start the DTaP vaccination series as soon as possible.
2. **For Homer school children:** A review of immunization records is indicated for children age six years and younger who live in Homer. Children with DTaP vaccinations which are not up-to-date should be given a dose of DTaP vaccine.
3. **For healthcare providers in Homer evaluating patients:** Healthcare providers who evaluate patients for pertussis may obtain Regan-Lowe agar (pertussis culture media) from the Homer Health Center at (907) 235-8857 or the State Public Health Lab at (907) 334-2100.
4. **Suspected cases:** Suspected cases and all their home contacts, including adults, should be treated with one of the appropriate drug regimens (Table). Suspected cases should be reported to the Section of Epidemiology at (907) 269-8000 during office hours or (800) 470-0084 after hours.

Medication	Adult Dose	Child Dose
Drugs of Choice		
Erythromycin estolate (Ilosone)	Formulation not available for adults.	40 mg/kg/day in 2-3 divided doses for 7 days.
Erythromycin ethylsuccinate (E.E.S.)	1-2 g/day in 4 divided doses for 14 days. Max 2 gm/day.	40-50 mg/kg/day in 3-4 divided doses for 14 days. Max 2 gm/day.
Alternative Drugs		
Azithromycin (Zithromax)	10-12 mg/kg/day in one dose for 5 days. Max 500 mg/day.	10-12 mg/kg/day in one dose for 5 days. Max 500 mg/day.
Clarithromycin (Biaxin)	15-20 mg/kg/day in 2 divided doses for 7-10 days. Max 1 gm/day.	15-20 mg/kg/day in 2 divided doses for 7-10 days. Max 1 gm/day.
Trimethoprim (TMP) – sulfamethoxazole (SMZ) (Bactrim, Bactrim DS)	320 mg/day TMP/1600 mg/day SMZ in two divided doses for 14 days.	8 mg/kg/day TMP/40 mg/kg/day SMZ administered in two divided doses for 14 days.